

South Carolina Department of Health and
Environmental Control

Prescription Monitoring Program

Dispenser Reporting Manual



South Carolina Reporting & Identification
Prescription Tracking System

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South Carolina Department of Health and Environmental Control Prescription Monitoring Program Data Collection and Tracking

To ALL dispensers of controlled substances in South Carolina:

This information packet provides information regarding the upcoming implementation of a Prescription Monitoring Program in the state of South Carolina. The purpose of this program is to collect data on ALL Schedule II, III, and IV controlled substances dispensed in the state of South Carolina. This is made possible by the 2006 South Carolina Legislature House Bill 3803, which authorizes the South Carolina Department of Health and Environmental Control (DHEC) to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense the substances in South Carolina. The purpose of this legislation is to improve the States ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances. S.C. Code Ann. § 44-53-1640 requires dispensers to submit to DHEC, by electronic means, information regarding each prescription dispensed for a controlled substance.

All dispensers of schedule II, III, and IV controlled substances are required to collect and report the following information to the data repository managed by Health Information Designs, Inc. of Auburn, Alabama:

1. Dispenser DEA number
2. Date dispensed
3. Prescription number
4. Whether prescription is new or refill
5. NDC code for drug dispensed
6. Quantity dispensed
7. Approximate number of days supplied
8. Patient name
9. Patient address (including city, state and zip code)
10. Patient date of birth
11. Prescriber DEA number
12. Date prescription was issued by prescriber

The controlled substance data shall be reported at least every thirty (30) days, between the 1st and the 15th of each month following the month the controlled substance was dispensed. **The dispenser shall begin collecting this data January 1, 2008 and the first reporting will be between February 1 and February 15, 2008.**

“Dispenser” means a person who delivers a Schedule II through IV controlled substance to an ultimate user in South Carolina, but does not include licensed hospital pharmacies

that dispense controlled substances for inpatients, or that dispense controlled substances at time of discharge, practitioners who administer controlled substances, or wholesale distributors

Enclosed, you will find all the instructions necessary to provide the required data. If you are a chain pharmacy, your data will likely be provided from your home office. Please verify with your home office. If you are an independent pharmacy, or other entity, you must follow one of the methods enclosed.

Assistance and Support

Technical Assistance

If you require additional help with providing this information, please contact HID at scpdm-info@hidinc.com or call 1-866-508-5349. Technical assistance will be available from 9am-5pm EST.

Administrative Assistance

If you have any non-technical questions regarding the South Carolina Prescription Monitoring Program, please contact:

Cheryl A. Ruff, R.Ph.- Director
Prescription Monitoring Program (PMP)
DHEC Bureau of Drug Control
2600 Bull Street
Columbia, S.C. 29210-1708
ruffca@dhec.sc.gov
Phone: 803-896-0688
Fax: 803-896-0686

SOUTH CAROLINA DHEC PRESCRIPTION REPORTING - Upload Specifications

Files should be in ASAP 95 format as defined in the next section. Files for upload should be named in a unique fashion; with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20071001.dat". All of your upload files will be kept separate from the files of others.

Multiple dispensers can report their claims in the same upload file in any order.

Setting up Your Account

To set up an account for submitting data please follow these steps:

1. Use a web browser and go to <https://scpdmreporting.hidinc.com>. Use "newacct" as your userid and "welcome" as your password.
2. Fill out the form provided **completely** and submit.
3. You will be given a randomly assigned password for the FTP and SFTP process as well as a link to the PGP Public Key information.

Data Submission Methods

Data Delivery Methods

There are five (5) methods. Choose the one which is most suitable for you.

Method 1

Secure FTP Over SSH. There are many free software products which support Secure FTP. Neither DHEC nor Health Information Designs is in a position to direct or support your installation of operating system software for Secure FTP. We have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20080131 if submitted on January 31, 2008) and have the file extension of *.dat*. (e.g., *20080131.dat*).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.
5. **Before transmitting your file**, rename it to include the suffix *.up* (e.g. 20080131.dat.up). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., 20080131.dat).
6. SFTP the file to: *sftp://scpdmreporting.hidinc.com*
7. Use your DEA # as your userid and the password supplied when creating your account.
8. When completed, log off.
9. Import results are available in your user directory once the file has been imported into the PMP system. The results will have the name YYYYMMDD.rpt.

Data Submission Methods

Method 2

Files encrypted with OpenPGP sent via simple FTP over the internet. Unless you already have PGP software and some familiarity with it, this will likely be more complex than Method 1. There are many free software products which support file encryption using the PGP standard. Neither DHEC nor Health Information Designs is in a position to direct or support your installation of PGP Compatible Software Utilities. Our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up your Account*.
2. Import the PGP Public Key supplied during account set up into your PGP keyring.
3. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
4. The file name should be constructed using the date of submission to HID as the filename (e.g., 20080131 if submitted on January 31, 2008) and have the file extension of *.dat* (e.g., *20080131.dat*).
5. Encrypt the file with the PGP software and using the public key provided. PGP encryption does a simple compression as it encrypts, so there is no need to zip.
6. **Before transmitting your file**, rename it to include the suffix **.up** (e.g. 20080131.dat.up). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., 20080131.dat).
7. FTP the file to *ftp://scpdmreporting.hidinc.com*.
8. Use your DEA# as your userid and the password supplied when creating your account.
9. When completed, log off.
10. Import results are available in your user directory once the file has been imported into the PMP system. The results will have the name YYYYMMDD.rpt.

Data Submission Methods

Method 3

Upload via SSL website.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20080131 if submitted on January 31, 2008) and have the file extension of *.dat* (e.g., *20080131.dat*).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.
5. Use your web browser to go to <https://scpdmreporting.hidinc.com>
6. Use your DEA # as your userid and the password supplied when creating your account.
7. Follow the directions on the screen to upload your file.

Method 4

Physical Media (Tape, Diskette, CD, DVD).

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20080131 if submitted on January 31, 2008) and have the file extension of *.dat* (e.g., *20080131.dat*).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.
5. Write the file to your media of preference (Tape, Diskette, CD, DVD, etc).
6. The media must have a label on the outside that indicates
 - a. Pharmacy DEA
 - b. Date of Submission
 - c. Contact Person
7. Media can be mailed to :

Health Information Designs, Inc.
ATTN: SCPMP Program
391 Industry Dr.
Auburn, AL 36832

Data Submission Methods

Method 5

Paper submission. A dispenser who does not have an automated record keeping system capable of producing an electronic report shall request a **waiver** from DHEC. Once DHEC has approved the **waiver** the dispenser will be provided a PMP Universal Claim form to use for submitting any controlled substances dispensed. Completed forms may be faxed to 1-866-422-3761 or mailed to: Health Information Designs, Inc.

ATTN: SCPMP Program
391 Industry Dr
Auburn, AL 36832

ASAP 95 Specifications with DHEC Definitions

Below are the definitions for the specific contents of records to be sent to South Carolina DHEC to comply with the Prescription Monitoring Program. These definitions are just a clarification of the ASAP 95 specification.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed Identifier
Bin	N*	6	4-9	"DHEC"	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed Version
trans-code	N*	2	12-13	"01"	Fixed Value
pharm-number	A*	12	14-25	"AB0125999"	DEA Number of Dispenser.
customer-id	A	20	26-45		
Zip-code	A	3	46-48	"302"	First Three Digits of Customer Zipcode.
Birth-date	D*	8	49-56	"19550420"	Customer Birth-date, YYYYMMDD format.
Sex-code	A	1	57-57	"1"	Sex code - 1=Male, 2=Female,
Date-filled	D*	8	58-65	"20080103"	Date Claim was filled, YYYYMMDD format.
rx-number	A*	7	66-72	"2239557"	Your internal Rx number.
New-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML for liquids, #MG as appropriate.
days-supply	N*	3	80-82	"030"	Days of Supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound, 2=Compound
Ndc-number	A*	11	84-94	"53014057507"	NDC Code (e.g.: METADATE CD 20 MG CAPSULE)
presc-id	A*	10	95-104	"AA9999999"	DEA Number of Prescribing Physician
Dea-suffix	A	4	105-108	"0123"	If above DEA Number is a facility, a unique identifier established by that facility to identify specific prescribers.
date-rx-written	D*	8	109-116	"20080102"	Date Rx written, YYYYMMDD format.
Num-refill-auth	N*	2	117-118	"00"	Number Refills Authorized
Rx-origin-code	A	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Facsimile)

ASAP 95 Specifications with DHEC Definitions

Cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (eg: MITRAL VALVE DISORDERS)
alt-presc-id	A	10	129-138		State License Number of Prescriber if presc-id above is an Institutional DEA Number.
pat-last-name	A*	15	139-153	"Harris "	Patient Last Name
Pat-first-name	A*	15	154-168	"Jason "	Patient First Name
pat-street-addr	A*	30	169-198	" 4430 Broad River Rd "	Patient Street Address
state-code	A*	2	199-200	"SC"	State Code of Patient Address
zip-code-extd	A*	9	201-209	"29210"	Extended Zip Code of Patient Address (5 digit Zip is acceptable)
trip-serial-num	A	12	210-221		Triplicate Serial Number. This does not apply to South Carolina at present. Leave blank.
filler-stuff	A	1	222-222		

* Denotes a required field.

Error Report and Edit Definitions

HID will provide all submitters of data with an upload report. When creating an account the user will have the option to enter an email address and fax number. They can specify if they wish to receive their upload report by either of these methods. If the user FTPs/SFTPs the data, a report will be placed in their home directory on the FTP server.

Below is an example of an error report:

```
Edit Report for file 1/010038 Edited 02/07/08
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 ]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      5: 15-Date Filled Invalid                    Data: [20050900]
Record      5: 18-Qty Invalid                            Data: [00two   ]
Record      6: 19-Days Supply Invalid                    Data: [one     ]
Record      7: 21-NDC Invalid                            Data: [99914057]
Record      8: 25-Prescriber Invalid                     Data: [98356   ]
Record      9: 28-Date Written Invalid                   Data: [20050900]
Record     11: 15-Date Filled Irrational                  Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1
```

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file the entire file may be rejected. We track three types of errors:

- Minor – Incorrect data in non-vital field
- Serious – Record can be loaded with missing or inappropriate data
- Fatal – Record cannot be loaded

An entire batch may be rejected if:

- ALL records have fatal or serious errors
- More than 10% of the records have fatal errors
- More than 20% of the records have serious errors

Our intent is to identify formatting errors and issues with the proper recording of data. Otherwise, we will load all records without fatal errors.

Error Report and Edit Definitions

Edit List

Edit 05	Pharmacy ID not found	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 15	Date Dispensed is invalid	Serious
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Serious
Edit 28	Date RX Written is invalid	Serious
Edit 86	Diagnosis Code is invalid	Minor
Edit V1	Record already exists	Fatal